

01-14-02 A
Express Mail Label No.: EK611905349US

Date of Deposit: January 11, 2002

Attorney Docket No. 24492-006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR
APPLICATION IDENTIFIER: Stephen J. Brand

FOR:

PROLONGED EFFICACY OF ISLET NEOGENESIS THERAPY METHODS
WITH A GASTRIN/CCK RECEPTOR LIGAND AND AN EGF RECEPTOR
LIGAND COMPOSITION IN SUBJECTS WITH PREEXISTING DIABETES

January 11, 2002
Boston, Massachusetts

Box PATENT APPLICATION
Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION
UNDER 37 C.F.R. §1.53(b)

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).
2. ☒ Specification and Drawings (Total pages: 24)
Specification (18 pages); Claims (8 pages); Abstract (1 page); and
Drawings: 6 sheets (Figs. 1-8)
☐ Formal
☒ Informal
3. ☒ Declaration and Power of Attorney
☒ Unsigned
☐ Signed
4. ☐ Information Disclosure Statement (IDS)
☐ Copy of IDS and PTO-1449 (1 pages)
☐ Copies of references cited
5. ☐ Assignment Papers
☐ Recordation Form Cover Sheet (PTO-1595)
☐ Assignment Document
6. ☐ Preliminary Amendment
7. ☐ Statement Claiming Small Entity Status
☐ Claiming Small Entity As Independent Inventor (37 C.F.R. §§1.9(f) & 1.27(b)).
☐ Claiming Small Entity As Small Business Concern (37 C.F.R. §§1.9(f) & 1.27(c)).
☐ Claiming Small Entity As Nonprofit Organization (37 C.F.R. §§1.9(f) & 1.27(d)).



30623

PATENT TRADEMARK OFFICE


FIRST-NAMED INVENTOR OR
APPLICATION IDENTIFIER: **Stephen J. Brand**
Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

8. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$740.00
Total Claims (37 C.F.R. 1.16(c))	76	- 20 =	56	\$18.00	\$1008.00
Independent Claims (37 C.F.R. 1.16(b))	15	- 3 =	12	\$84.00	\$1008.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	6			\$280.00	\$280.00
SUBTOTAL:					\$3036.00
Reduction by 50% for filing by small entity:					- \$1518.00
TOTAL FEE:					\$1518.00

9. ☒ A check in the amount of **\$1518.00** is enclosed.
10. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 24492-006:
- ☒ Fees required under 37 C.F.R. §1.16;
 - ☒ Fees required under 37 C.F.R. §1.17;
 - ☒ Fees required under 37 C.F.R. §1.18.
11. ☒ Return Receipt Postcard Enclosed.
12. ☐ Other Documents Enclosed:
- ☐ Change of Attorney Address In Application.

Respectfully submitted,



Sonia K. Guterman, Esq., Reg. No. 44,729
Attorney(s) for Applicant
MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY and POPEO, P.C.
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241

Dated: January 11, 2002

TRA 1616243v1